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THE ROLE OF THE
Pharmacist
in National Disaster

**THIS ITEM DOES NOT
CIRCULATE**

**U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE**
Public Health Service

THE ROLE OF THE

Pharmacist

in National Disaster

Prepared by the
American Pharmaceutical Association's
Committee on Disaster
and National Security
in cooperation with the
Division of Health Mobilization

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
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INTRODUCTION

A. Committee and Staff Personnel

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B. Background and Current Position of the American Pharmaceutical Association

Since the American Pharmaceutical Association is the national professional society for pharmacists in the United States, it is important that APhA have a stated policy regarding the proper utilization of pharmacists during periods of national disaster.

Historically, support of civil defense programs by APhA has closely paralleled that of Government civil defense activities. During World War I, when the U.S. civil defense was little more than a booster of morale, APhA addressed a letter to President Woodrow Wilson, "pledging the loyal support of the Association" and noting, "it is ready and willing to help the country in any way it can and holds itself in readiness to be advised by you and by your orders."

With the war clouds of World War II gathering over Europe and with the organization of the Office of Civilian Defense in 1941 to coordinate Federal, State and local civilian defense programs, APhA through official resolution the same year urged pharmacists "in every community of this country to seek membership in all defense councils and local Red Cross units and to participate actively in their work." The Association also promised to maintain necessary relations and cooperation with all governmental agencies engaged in public health services, including the Office of Civilian Defense. One of the really solid achievements of APhA during World War II was the collection of over four tons of quinine which was in short supply following the Japanese seizure of the cinchona plantations in the Dutch East Indies.

Soon after the conclusion of World War II, procedures and methods established for use of conventional weapons had become outmoded, and the addition of nuclear bombs to our weapons arsenal changed all previous concepts of coping with an enemy attack on our country.

At the beginning of the Korean conflict, the Federal Civil Defense Act of 1950 created the Defense Production Administration which became the Office of Defense Mobilization; this agency was charged with the responsibility of coordinating all emergency planning. Also in 1950 Congress authorized the establishment of the Federal Civil Defense Administration with authority to establish a medical stock pile and to cooperate with the States in their civil defense efforts.

Even before the new Federal Civil Defense Administration in 1951 formally announced its plan of action, APhA called on "all officers of State and local pharmaceutical associations to keep a close watch on announce-

ments and be prepared to respond to calls for committee service and advisory data" and emphasized that "the place of the pharmacist in civil defense planning is as a part of the public health team."

The *APhA Journal* carried complete details of the Federal Civil Defense Administration's publications and plans in January 1951, including a comprehensive report on the "assignments to pharmacists" and the "scope of pharmaceutical services" as conceived by those in charge of the new FCDA. In 1952, APhA, through resolution, urged all schools of pharmacy to cooperate with the Federal Civil Defense Administration in making available courses of training to prepare pharmacists in the various elements of civil defense.

In 1959, the Office of Civil and Defense Mobilization was created with the merger of the Federal Civil Defense Administration and the Office of Defense Mobilization. Again, even before OCDM plans went into action, APhA participated actively with the civil defense authorities and with the Civilian Health Requirements Office of the U.S. Public Health Service in obtaining information on community pharmacy inventories of essential survival items.

Since the end of the Korean war, APhA has had, as an integral part of its organizational structure, a standing committee on National Defense and Security (renamed in 1961 as the Committee on Disaster and National Security).

In October 1960, the *APhA Journal* devoted its entire issue to the pharmacist's role in civil defense. The health mobilization program of Public Health Service was described in detail and the activities of pharmacists at the national, regional, State and local levels were reviewed. In a guest editorial in this issue, Public Health Service Surgeon General Leroy E. Burney stated that PHS was placing "heavy reliance on our headquarters pharmacists to develop plans and operational programs in the field of emergency supply availability, stockpiling, distribution and utilization. I wish to express my personal appreciation for the interest of APhA in civil defense."

The American Pharmaceutical Association recognizes that it is only through the concerted disaster preparedness efforts of all pharmacists as members of the health profession team that we can hope to establish a firm basis for emergency medical care programs of the type anticipated under a postnuclear attack situation. The Association also recognizes the need for the effective utilization of over 100,000 pharmacists to assure proper care of the surviving population in the event of a national disaster.

The American Pharmaceutical Association considers that all pharmacists have an obligation to cooperate with the proper State and local organizations and responsible Federal agencies as well as to assist materially in the establishment of guidelines for the participation and utilization of pharmacists in civil defense operations. The Association endorses the position that the pharmacist, as a member of the health professions, must accept the following responsibilities in assuming his role in disaster preparedness and emergency care operations:

(1) The pharmacist by his education and training as a medication expert should be intimately involved in all elements of the procurement, storage, handling, compounding and dispensing of drugs and medical supplies in planning for, as well as during, any national emergency.

(2) The pharmacist by his education in anatomy, physiology and pharmacology is well equipped to assist in the emergency medical treatment of patients and for training the public in Medical Self-Help.

(3) The pharmacist by his constant contact with other members of the health team as well as a significant portion of his community, provides unique potential for coordinating preparedness measures, and establishing meaningful standby emergency plans.

In view of these responsibilities, it shall further be the policy of the American Pharmaceutical Association:

(1) To cooperate with all responsible agencies and departments of the Federal Government.

(2) To provide leadership and guidance for the profession of pharmacy by properly assuming its role with other health profession organizations at the national level.

(3) To assist and cooperate with all national specialty pharmaceutical organizations to provide assistance and coordination in civil defense matters relevant to their area or concern.

(4) To encourage and assist State and local pharmaceutical associations in their efforts to cooperate with the State and local governments as well as the State and local health profession organizations in order that the pharmacist may assume his proper place in civil defense planning and operations.

(5) To provide leadership, guidance and encouragement so that the individual pharmacist can contribute his services to civil defense and disaster planning, training and operations in a manner consistent with his position as a member of the health team.

OBJECTIVES AND APPROACH

Through a series of meetings in the Spring of 1963, between representatives of the Division of Health Mobilization, Public Health Service, Department of Health, Education, and Welfare and the American Pharmaceutical Association, contact was made, supported by the Office of Civil Defense, Department of Defense, to "compile and prepare a report on the Role of the Pharmacist in National Disaster." The broad objectives of the report, according to the official contract, were to review:

- (1) Expanded functions of pharmacists.
- (2) Additional functions for pharmacists.
- (3) Additional functions common to dentists, veterinarians and pharmacists.
- (4) Recommendations for the utilization of ancillary personnel, e.g., pharmacists' assistants.
- (5) Relationship to the medical profession's overall emergency medical care program.
- (6) Recommendations for accomplishing preparedness in these expanded roles.
- (7) Identification of current professional training, capabilities and functions for each discipline within the health and medical service field.

The standing Committee on Disaster and National Security of the American Pharmaceutical Association was expanded to include representatives from community practice, hospital practice, industry, Federal government, State government, and pharmaceutical education to undertake the study.

A two-day briefing session of the Committee was held in Washington, D.C. on August 1-2, 1963, at which G. P. Ferrazzano, M.D., Chief, Division of Health Mobilization, U.S. Public Health Service, presented a review of the Emergency Health Services Preparedness Program. This was followed by

a description of the shelter program by Colonel Louis J. Hackett, Jr., USMC, Medical Advisor, Office of Civil Defense, Department of Defense. Catherine M. Sullivan, Chief, Professions Training Program, Division of Health Mobilization, U.S. Public Health Service, discussed the medical care in shelters program, and Paul S. Parrino, M.D., Chief, Research Branch, Division of Health Mobilization, reviewed the medical care program of the postattack period. The Civil Defense Emergency Hospital Program was outlined by Arnold Dodge, Assistant Chief, Division of Health Mobilization, U.S. Public Health Service.

A second meeting of the American Pharmaceutical Association's Committee on Disaster and National Security was held in Rochester, New York, October 21-22, 1963, concurrently with the 12th Annual Conference of the U.S. Civil Defense Council in which the Committee also participated. After the Rochester meeting, a preliminary draft of this report was prepared and submitted for comment to the Committee and to the Division of Health Mobilization, the Office of Civil Defense, and other pharmaceutical organizations.

Following a one-day meeting with representatives of the veterinary medicine and dentists' committees, held in Washington, D.C., on January 31, 1964, a final meeting of the American Pharmaceutical Association's Committee on Disaster and National Security was held in Washington, D.C., on March 5-6, 1964, to consider all recommendations made on the preliminary draft and to complete this report for submission April 10, 1964.

SUMMARY AND CONCLUSIONS

This report defines the role of the pharmacist in disaster preparedness. Pharmacists in various specialties are given priorities for service as follows:

(1) Community pharmacists have been judged to be best equipped to handle storage and distribution of drugs and health supplies; provide regional and local inventory control and supervision of storage methods; establish and maintain systems of drug-accounting, coordination with health departments and civil defense officials; manage distribution programs; and supervise the stored Packaged Disaster Hospitals.*

(2) Hospital pharmacists in emergency programs can best be utilized in the storage and distribution of drugs and health supplies, maintenance and operation of central sterile supply, regional and local control inventory, control and supervision of storage methods, supervision of systems for providing pyrogen-free water, supervision of emergency drug manufacture, and supervision of stored Packaged Disaster Hospitals.

(3) Pharmacists in industry as well as wholesalers vary widely in their priority to serve in emergency programs. A similar situation exists for pharmacists in government service. Those pharmacists who have been singled out as best qualified for providing national direction on establishing programs for drug and health supply planning, and for coordinating pharmacy manpower requirements and assistance in supportive services include pharmacists in hospital administration, pharmacy industry and wholesaling executives, pharmacists administering government health programs, pharmacists in educational administration, pharmacists serving as association executives, and pharmacists serving as journalists and special consultants.

To implement this report, it is recommended that pharmacists be made aware of disaster problems and that they be motivated to better equip themselves for assuming responsibilities in disaster programs. Suitable

*NOTE.—Formerly called Civil Defense Emergency Hospitals.

educational or training mechanisms to achieve these results should be established. It is urged that there be closer coordination with Federal, State, and local governments and that better utilization of the pharmaceutical resources of the community in shelter programs be explored. Pharmacists should make greater use of the Medical Self-Help Program training material. The Committee specifically recommends:

- (1) The establishment of Joint Councils of Health Professions for Disaster Preparedness.
- (2) The development, publication and distribution of a Basic Orientation Manual for Pharmacists.
- (3) The establishment of a Pharmacy Liaison Officer for Civil Defense.

PROFESSIONAL PROFILE

A. Community Pharmacists

1. Practice of community pharmacy

Compounding and dispensing; distribution of health and surgical supplies; patron and professional consultation; procurement and inventory control; storage of medicinals; medical legal records and files; training and education (including internship); and health services outside the community (as in small hospitals and nursing homes).

2. Related management activities

Personnel; public relations and advertising; business administration (bookkeeping, cost accounting, taxes, real estate); maintenance, operation, and repair of equipment and real estate.

3. Community service

Positions on boards of health and pharmacy boards, and as trustees of hospitals; roles in voluntary health agencies and service organizations; and participation in community health projects.

B. Hospital Pharmacists

1. Management

Including planning, personnel, budget, records and reports, policy and procedures, and procurement and storage.

2. Education and consultation

Including professional consultation and in-service training.

3. Manufacturing

Including bulk-compounding, specialty formulation, sterile products, prepackaging.

4. Product control

5. Radioisotopes

6. Central sterile supply

7. Ward and clinic service

Including compounding and dispensing, issues and controls, and poison control.

8. Hospital administration

Those pharmacists now serving as hospital administrators.

9. Community service

Positions on boards of health and pharmacy boards, and as trustees of hospitals; roles in voluntary health agencies and service organizations; and participation in community health projects.

C. Pharmacists in Industry

1. Scientific activities

Including research in pharmacology, pharmacognosy, pharmaceutical chemistry, biological control, quality control, product development, and radioisotopes.

2. Production

Including pharmaceutical solutions, tableting, capsulating, injectables, etc.

3. Marketing

Including market research, computer systems, research and sales coordination.

4. Advertising and promotion

5. Liaison activities

Including professional relations, trade relations, customer relations, and public relations.

6. Sales

Including product sales management, branch office management, field personnel management, field personnel training, pricing and quotations, and medical service representatives.

7. International activities

Including marketing, advertising and public relations, and sales abroad.

8. Legal activities

Including pharmacist-lawyers, customer contracts, liaison with regulatory agencies.

9. Executive management

Pharmacists in top administrative positions in industry.

D. Pharmacists in Wholesaling

1. Executive administration

2. Inventory control

Including storage of medicinals.

3. Procurement

4. Professional and trade consultation

Including drug information and business administration.

5. Sales

Including medical service representatives.

6. Distribution

Including shipments and delivery.

E. Pharmacists in Government

1. Institutional practicing pharmacists

Including Army, Navy, Air Force, Public Health Service, Veterans Administration, and other government hospitals.

2. Regulatory and control

Including rules and regulations (Food and Drug Administration, Federal Trade Commission, Bureau of Narcotics, State Boards of Pharmacy); field enforcement; and laboratory testing.

3. Procurement and distribution

Including depot system management.

4. Research and development

5. Administration of health programs

Including radiological health, nuclear and biological warfare, research grants, health mobilization, poison control, hospitals and nursing homes.

F. Pharmacists in Education

1. Education administrators

Including college presidents, deans and administrative assistants.

2. Teachers

Including professors, associate professors, assistant professors and instructors in pharmacy, pharmaceutical chemistry, pharmacology, pharmacognosy, public health, and pharmaceutical administration.

3. Graduate instruction

4. Extension instruction

Including organization of postgraduate courses, seminars, and conferences.

G. Pharmacists in Association Work

Those pharmacists employed on a full-time basis in association work at the national, State and local levels.

H. Pharmacists in Journalism

Those pharmacists engaged on a full-time basis as publishers, editors, or editorial staff members in the preparation of pharmaceutical publications.

I. Advisors and Consultants

Those pharmacists engaged on a full-time basis in advising public or government agencies or as private pharmaceutical consultants.

J. International Activities

Those pharmacists serving in a professional capacity with private voluntary agencies and as missionaries at the international level, as well as with WHO and other international government-sponsored agencies.

ROLE OF THE PHARMACIST IN DISASTER PREPAREDNESS

A. Health Operations Administration

1. Clinical

a. Storage and distribution of drugs and health supplies

Includes the proper identification of emergency drug supplies (composition, chemical and pharmacological properties, purity and strength), storage, extemporaneous compounding and dispensing upon proper authorization, with pursuant maintenance of proper records, professional consultation on proper dosage, administration and use.

All categories of pharmacists can serve in this capacity, but all community and hospital pharmacists are particularly well suited for this continuation of services which they perform on a day-to-day basis. It is extremely important that community and hospital pharmacists be assigned to insure that adequate pharmaceutical service will be available through qualified pharmacists. When this requirement has been fulfilled, excess pharmacists should assume duties in other essential fields.

b. Maintenance and operation of central sterile supply

Hospital pharmacists, many of whom are already actively engaged in such services, are particularly suited for this emergency function.

c. Emergency screening for medical care

Daily responsibilities and practice of community and hospital pharmacists in particular makes them especially suited for emergency screening routine. Large segments of the population now rely on the pharmacist for guidance and direction on self-medication. Since the segment of the population which suffers from diseases, injuries and accidental poisoning will be greatly increased in a period of emergency or disaster, the position of the pharmacist in this function is extremely important.

d. Emergency laboratory and X-ray operations

By virtue of basic training, pharmacists in most specialties can be utilized for the emergency manufacture of culture media, diagnostic agents, stains, X-ray solutions and allied items required for the operation of an emergency laboratory and X-ray department. Clinical laboratory procedures in serology, blood chemistry, urinalysis, haematology, and basic bacteriology are also functions readily assimilated by most pharmacists. Detailed laboratory and X-ray procedures will, in most cases, require additional training, but some pharmacists in hospitals, industry and teaching, will have had extensive professional training that will permit them to provide such services with a minimum of direction.

e. Emergency hospital administration

Hospital pharmacists and practicing pharmacists in government have considerable knowledge in the general administration of hospitals, and community pharmacists, pharmacists in industry and other specialties would be able to contribute administrative services with a minimum of additional training. Pharmacists in all categories, and particularly community and hospital pharmacists may be suitable administrators of Packaged Disaster Hospitals.

f. Auxiliary medic

(1) First aid and other lifesaving and survival measures.

Includes controlling hemorrhage, recognizing and giving immediate treatment for shock, cleansing and caring for wounds and burns, immobilizing fractures, bandaging and splinting, use of lavage as required, artificial respiration, managing normal deliveries, preparation of casualties for evacuation. The pharmacist's education enables him to carry out these emergency lifesaving and survival measures with little or no additional training.

(2) Emergency administration of drugs.

Pharmacists in all specialties are able to administer life-saving drugs, including those for oral, rectal, intramuscular, subcutaneous and intravenous administration, including plasma and whole blood, and to assist in the administration of anesthetics, with a minimum of direction or training.

(3) Professional and technical assistance.

With a minimum of training, the pharmacist can assist in triage, surgical procedures, and other emergency procedures.

2. Preventive medicine

a. Communicable disease control

The pharmacist's professional knowledge qualifies him to assist in mass immunization programs for tetanus, smallpox, typhoid and paratyphoid fevers, poliomyelitis, pertussis and diphtheria, including guidance or direction on proper age groups, dosage, and methods of emergency quarantine of segments of the public not previously immunized.

b. Vector control

The pharmacist's knowledge of the chemistry, pharmacology and toxicology of pesticides (including insecticides and rodenticides) makes him a logical choice to direct or assist in the direction of emergency vector control. This includes fumigation procedures, as well as the use of appropriate traps, and the control of safety storage procedures for pesticides.

c. Food, milk, water and drug inspection and analysis

The pharmacist is qualified, after minimal training, to establish and supervise a clearance process before suspected food, milk, water and drugs are consumed by the public during an emergency. This includes routine clearance procedures for food, milk, water and drugs where recognized storage measures or normal supply sources have been disrupted, the performance of standardized tests and analysis of purity and safety, and the condemnation and destruction of products that are beyond reclamation if they are apt to become a public health hazard.

d. Control and disposal of sewage and garbage

Pharmacists with minimal training can direct emergency sanitary-control measures. These include the ability to organize and supervise emergency methods of routine garbage and waste materials, and the planning and supervision of emergency latrine systems complete with measures for insect control.

e. Detection of radioactivity and decontamination procedures

Pharmacists with additional training can provide radiological monitoring, and supervise decontamination procedures. Decontamination procedures associated with shelter survival can be handled by most pharmacists.

3. Medical Self-Help Training Program

Pharmacists in all specialties are ideally suited to direct and/or assist in training the general public under the Medical Self-Help Training Program.

B. Health Materiel

1. Supplies

a. Drug and health supply planning

Pharmacists, at executive and policy-making levels, are able to assume responsible positions at the national and regional levels in overall drug and health supply planning. They can also serve as a nucleus for training at other operational levels. This includes the establishment of policy, development of requirements, a knowledge of production capabilities, standards and procedures as applied to the procurement, storage and distribution of drugs (bulk and dosage form) and health supplies (including manufacturing equipment, surgical supplies and hospital supplies). Specific phases of such planning operations include:

- (1) Establishment of recommendations for strategic locations of drug and health supplies in coordination with emergency planned stocks or stockpile of private, city, county, State, or Federal agencies.
- (2) Determination of sources of supply based on probability of shortages due to a national emergency.
- (3) Establishment of a standard supply list with estimates of quantities needed and complete specifications.
- (4) With appropriate professional advice and consultation, compilation of a list of comprehensive therapeutic and other equivalents to serve as a guide when a choice of drugs and health supplies may be hampered due to the emergency.
- (5) Assistance in the development of plans whereby stockpiles of drug and health supplies can be rapidly relocated as emergencies occur.
- (6) Determination of overall operational costs for budget purposes. Studies may incorporate plans for central purchasing methods and any other procedures which would provide the most economical use of funds.
- (7) Assistance in the development of plans for a nationally controlled distribution system.
- (8) Planning for emergency manufacturing, including simplification in processing raw materials, use of substitute raw materials, and conversion of other manufacturing plants and equipment into pharmaceutical manufacturing facilities.

b. Procurement, storage and distribution of drugs and health supplies

Pharmacists from all specialties can direct any or all of the ing programs and emergency operations:

(1) Inventory control of all supplies under their jurisdiction, including necessary precautions pertaining to dangerous or habit-forming drugs. Establishment of systems whereby perishable items will be properly rotated or replenished. Compliance with established policies to quickly replace items that become in short supply during an emergency.

(2) Supervision of storage methods to meet all legal and official storage requirements. Compliance with all recommended methods for storage of devices or instruments for protection from deterioration and obsolescence.

(3) Supervision of a system for providing pyrogen-free water and other sterile fluid preparations under emergency conditions.

(4) Supervision of a system of inspection of supplies upon arrival and also before issue (especially as it relates to items that are damaged or salvaged from a destructed or inundated area). This inspection will include, if necessary, inspection for radioactivity and for biological and chemical warfare agents.

(5) Provisions for methods of improvisation as it relates to storage of thermolabile items, procurement of supplies from damaged surrounding areas, emergency bottling, packaging, and compounding.

(6) Establishment of a system of cost accounting which will be part of inventory control.

(7) Coordination with State Health Departments and local civil defense authorities regarding critical drug and health supplies.

(8) Assistance in the development of a system of emergency "kits" to be utilized in case of suspected use of biological or chemical warfare agents.

(9) Management of distribution programs, including rationing procedures and allocation of both raw material and dosage from pharmaceuticals.

(10) Direction of emergency compounding and manufacturing facilities and programs.

C. Related Activities

1. Manpower requirements

Pharmacists in executive positions with the industry, government, pharmaceutical associations, and in Colleges of Pharmacy, would be particularly useful in coordinating pharmacy manpower requirements, distribution, and utilization during an emergency.

2. Shelter program

Pharmacists in all specialties can provide the various services outlined in sections I and II of the shelter program, including custodian of medical supplies for emergency medical care, as well as serving as shelter managers. Pharmacists currently can assist in public education to cope with shelter environmental problems and as a source of emergency shelter location identification. Inventories of community and hospital pharmacies are also an important source of supplemental medical supplies for the shelter.

3. Supporting services

Pharmacists should be available in various adjunct services in the administration of emergency health programs, serving as a channel of communications for over-all health needs, and advising on special pharmaceutically-related problems.

ROLE OF ANCILLARY PERSONNEL

There are between 10,000 and 12,000 students attending the 76 Colleges of Pharmacy in the United States, and approximately one-third of them are serving on a part-time basis as interns in community or hospital pharmacies.

Many pharmacies, hospital pharmacies in particular, employ the services of technical aides (helpers) who also might be considered under the heading of ancillary personnel in pharmacy.

In each instance, ancillary personnel should be considered as possible sources of manpower in emergency situations. Many (third and fourth year students and interns in particular) will be able to assist in several capacities, under supervision, as the situation demands. However, it is important to note that their services should be employed only under supervision and as their qualifications and competency dictate.

[illegible]

* Military Corpsmen only; all others C

[†]Except Pharmaceutical Chemists which rate A

‡Except for certain administrative positions in large chains.

RECOMMENDATIONS FOR IMPLEMENTATION

The American Pharmaceutical Association's Committee on Disaster and National Security reaffirms previously established positions that the pharmacist should be intimately involved in all phases of emergency medical care, particularly as they relate to the procurement, storage, handling, compounding, and dispensing of drugs and medical supplies in planning for, as well as during, any national emergency.

To best achieve this goal, the Committee recognizes that it is first necessary to create an awareness of the problem among all pharmacists, overcoming recognized apathy toward disaster preparedness programs, to motivate the pharmacist to better equip himself for assuming responsibilities in disaster programs at all levels, and to assist in the establishment and continuation of educational or training programs to achieve these objectives.

The first step of motivation is one of proper publicity through all media available, including preparation and distribution of suitable flyers and other mailings through national, as well as State and local pharmaceutical associations, articles, news and editorials in pharmaceutical publications, programs at meetings of national, State and local pharmaceutical associations, establishment of committees at all levels of organized pharmacy, and closer contacts of pharmacists and pharmaceutical organizations with civil defense officials at all levels.

Establishment of suitable educational training mechanisms should also, in the opinion of the Committee, bring into play all available sources, including pharmaceutical associations at all levels, all colleges of pharmacy, the pharmaceutical industry, government civil defense agencies, and related professional societies.

A. Cooperation With the Federal Government

The profession of pharmacy should continue to cooperate with all responsible agencies of the Federal Government by:

- (1) Providing advice and consultation to all Federal medical and health programs involving emergency planning, through the American Pharmaceutical Association's Committee on Disaster and National Security.
- (2) Keeping the pharmacies informed of Federal government activities in disaster planning through association publications at the national as well as regional, state and local levels.

B. Medical Self-Help Training Program

As outlined under potential responsibilities of pharmacists in disaster programs, the pharmacist should make use of the training materials supplied in the Medical Self-Help instructor's kit and use every means to further the Program. These include the following:

- (1) Continuing Medical Self-Help education among pharmacists through training programs at National, State and local pharmaceutical association meetings.
- (2) Establishment of adequate undergraduate programs, as well as refresher and postgraduate courses, at all colleges of pharmacy to better qualify pharmacists as Medical Self-Help instructors. These should include:
 - a. Mass management of the sick and injured.
 - b. Medical supply management.
 - c. Supply and requirement resource planning (including supplies, facilities and manpower).
 - d. Training courses in Medical Self-Help and/or first aid.
- (3) Organized training programs coordinated by State and local pharmaceutical associations working in close cooperation with medical societies, public health departments, civil defense organizations, Red Cross units, and associations representing other members of the health professions.

C. Shelter Programs

In an effort to expand the drug supplies potentially available for shelter programs through utilization of the pharmaceutical resources of the community, the Committee has recommended the development and testing of various programs which have been proposed by civil defense-oriented pharmaceutical associations. These include the following:

- (1) Use of red tape strips on the shelves under those drugs stocked in the prescription laboratory which are considered essential for shelter survival, thereby readily identifying those items which are to be taken along to a shelter by a pharmacist in the case of a disaster.
- (2) Use of certain designated shelves in the prescription laboratory to hold the same essential drugs to speed up the process of selecting items to be taken to the shelter in an emergency.
- (3) Development of a program similar to that of the Summit County (Ohio) Pharmaceutical Association, calling for pharmacists to stock a kit with essential drugs which are part of the pharmacy inventory, but which are ready to move immediately to the shelter, after adding to the kit only those items requiring refrigeration.

D. Joint Councils of Health Professions

The Committee urges the establishment of Joint Councils of Health Professions for Disaster Preparedness Planning to include all health professions (medicine, dentistry, veterinary medicine, nursing and pharmacy, as well as hospital administrators and representatives of government civil defense organizations). Formation of these Joint Councils is to be encouraged at all levels, including national, State and local, to permit close liaison and planning among the health professions and civil defense agencies for disaster preparedness.

E. Basic Orientation Manual for Pharmacists

The Committee strongly urges the development, publication and distribution of a basic orientation manual for pharmacists. This manual would outline the role of the pharmacist in disaster preparedness as set forth in this report, and supplement the information with details on specific courses which should be offered through all available agencies, professional associations and schools to best equip the pharmacist for emergency situations.

F. Pharmacy Liaison Officer for Civil Defense

This Committee recommends the establishment of a Pharmacy Liaison Officer on the staff of the American Pharmaceutical Association in Washington, D.C. in order to further the implementation of this report, particularly in reference to:

- (1) Full utilization of available media for motivation of pharmacists.
- (2) The establishment of suitable educational or training mechanisms.
- (3) Closer cooperation with the Federal Government.
- (4) Expansion of potentials offered by the Medical Self-Help Program.
- (5) Full exploration of better utilization of pharmaceutical resources at the community level in shelter programs.
- (6) The establishment of Joint Councils of Health Professions on Disaster Preparedness.
- (7) The development of the Basic Orientation Manual for Pharmacists.

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